AGE should be stated EXACTLY. PHYSICIANS should state

item of infor-

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

-WRITE

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CTATE	OF MA	TIAN IVE	-CERTIFIC	ATE		DEATH
SIAIF	()F MA	ZYI AIVII:	-C.F.R.L.F.IC.	AIL		DEALE
				The R. Steamer	~ L	D 3mm/ \ 1 1 1

1. PLACE OF DEATH	———(k3)
county wordes lie.	Registration Dist. No. 355
The state of the s	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Elijah W. Baker	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Z8 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUBBAND of (or) WIFE of A Balser.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) fau. 1, 1887.	
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
45 5 27. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Sunghot wound Ceville
Industry or business in which	Pratty of Mental
work was done, as SILK MILL, or armer	some wound so
10. Date deceased lest worked et this occupation (month end year)	7 Loudriel
40.0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) Ligal Sa aku.	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
m. Eduli Jasani	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 3.00000000000000000000000000000000000	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date July 30, 19 3 2	Nature of injury
19. UNDERTAKER J.W. Burbage (Address)	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 6 - 30 - 1992 Helen F. Harria	(Signed) ungffmaller Corrier Mo.
Régistrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dea of importance were as followarteriosclerosis	th-and-related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis		1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	AUG Z 1931	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V	S. 1			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gollstones		Moy 1,1923	Gastroenteritis	1 yeor	

1. PLACE OF DEATH

f infor-

PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) Wife of Clyal W. Bales. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months MEDICAL CERTIFICATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY. That I att 1 last saw h	TH, 193 V (Year) ended deceased f
3, SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 day, hrs. or min. 1 day, hrs. or min. 1 day, hrs. or min. 21. DATE OF DEATH (Month) (Day) 22. 1 HEREBY CERTIFY, That I att 1 day alive on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cligate W. Bales. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Jays If LESS than I day,hrs. Ormin. 8. Trade profession or particular.	ended deceased f
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Yeary Months Months Years Months Months Years The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Years Were as follows:	
8 Trade profession or particular	Date of or
9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)	ng "
(State or country) 13. NAME William Wells. 14. BIRTHPLACE (city or town) Pelamare Name of operation Day (State or country)	
What test confirmed diagnosis? Was the 15. MAIDEN NAME Mary E. Date of injury (State or country) What test confirmed diagnosis? Was the 23. If death was due to external causes (VIOL ENCE) fill in also the for Accident, suicide, or homicide? Date of injury Where did Injury occur? (Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLE (Address)	llowing:
18. BURIAL, CREMATION, OR REMOVAL Place Date Date Manner of injury Nature of injury	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURELL	5 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	954
County Worker	Registration Dist. No. 33
Village or City of our Hill,	NoSt,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?rysmos ds.
2. FULL NAME COMPARA W	Boses.
0 11-1-	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divoged HUSBAND of	
(or) WIFE of 1 120. B Borus	22. I HEREBY CERTIFY, That I attended deceased from
0	, 19 , to , , 19 , 19 , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than	I last saw h; death is said to have occurred on the date stated abova, at 42 A.m.
)	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	tours dead in bed Oate of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this	about sauce. no se
2. Industry or business in which work was done, as SILK MILL,	in attendance
SAW MILL, BANK, etc.	Her Dz pays The sief-
O 10. Data deceased last worked at this occupation (month and year) occupation occupation occupation	fered with heart trouble
yadi) Ucrupation	Other Contributory Causes of importanca:
12. BtRTHPLACE (city or town) (State or country)	
Ξ	District Control
[State or country] (State or country)	Name af operation
	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
H	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicida?, 19, 19
State or country)	Where did injury occur?
Ostanton Boston	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT (Address) (Address)	Specify whether injury occurred in Industrial, in Hume, of in Public Feace.
18. BURIAL, CREMATION, DR BEMOVAL	Manner of injury
Place Forollelon Date July 1, 1933	Nature of injury
W. T. Hama	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Tous Feel	If so, specify
10 suco 7/1 132 Left Sweeth.	(Signed) Legy Sujeth N. Reg. N. D.
20. FILED, 19.0 L. Registrar.	(Address) Sefow Hell, Mid-
If more blanks are morded address State Penistran	24.1. N. Charles Street, Baltimore, Requesting T. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ample-I		Example II		
h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
1872	1915	Attack of epilepsy	1 week ago	
HUND TE TOUR	1921	Run over by street car	1 week ago	
PHARAT	July 5,1927	Peritonitis	3 days ago	
of importances		Oth		
of importance:		Other contributory causes of importance:		
Gallstones		Gostroenteritis	1 yeor	
	AUG 4 1832	h and related causes Date of onset ws: 1915 1921 July 5,1927	h and related causes ws: Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1	infor-	state	UPA.	/
M)	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	. Every	ICIANS	tement.	1
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bNG	KENT R	TLY.	fied. E	
BINDI	ERMAN	EXAC	y classi	te.
MARGIN RESERVED FOR BINDING	IS A P	stated	properl	TION is very important. See instructions on back of certificate.
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V. S. No. 1	B.	m	0	T
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	958
County Workester	Registration Dist. No. 35/
Village or City Suow Hill,	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	dean octated the hopker of historians, give instruction historian or street and number? ds. How long in U. S. if of foreign birth? yrs mos ds.
2. FULL NAME Mollie Coslair	
(a) Residence: Np. (Usual place of abode)	St., Ware. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Coster	22. I HEREBY CERTIFY, That I attended deceased from
S DATE OF DIPTH (month day and unan)	1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et //m.
about 48 L L lday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER	no Alupieraniu al-
kind of work done, es SPINNER Domestie Work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL RANK etc.	lendaliale. Delde lie
work was done, es SILK MILL, SAW MILL, BANK, etc.	De la la tambée
11. Total time (yeers) this occupation (month and year) year) 12. Total time (yeers) spent in this occupation	Provavcy near promote
12. BIRTHPLACE (city or town) Sources & M. M. (State or country)	Other Coatributory Causes of importance:
# 13. NAME There Holder	
13. NAME Were Holder 14. BIRTHPLACE (city or town) Society Co- (State or country)	Name of operation
15. MAIDEN NAME Dout Carour	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, Where did injury occur?,
17. INFORMANT David Herrby (Address) marious mat	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Campate 6/15, 1332	Manner of injury
19. UNDERTAKER New & Williams (Address) Supurfiel, Md.	24. Wes disease or injury in eny wey related to occupation of deceesed?
20. FILED 6/14, 1932 LECoy Swith Registrar.	(Signed). LE Loy Serveth L. 19M.D. (Address) Super Hell, Md.
If more blanks are needed address State Penishan	24 V. N. Charles Street Relimone Property 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	
County Warrestel	Registration Dist. No. 355
Village or City Barkin	. NO. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Mara 4. Colus	COULBORN
(a) Residence: No.	St,Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Hemale What A COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced HUSBAND of (or) WIFE of Cubel Jackson Couldours	22. I HEREBY CERTIFY. That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) Jan 3. 1874	I last sawber alive on 6 11 - 1932 death is s
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Parameter
9. Industry or business in which	xaucuna F
work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and spant in this	Stamoch & Liver
year) occupation control and spant in this	Dther Coutributory Causes of Importanco:
12. BIRTHPLACE (city or town)	
13. NAME I Parel Alexand	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Lilie C. Jimmour	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) 19. (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Audres letter COULBORN (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Extra Street Date Jame 1319.3	Manner of injury Nature of injury
19. UNDERTAKER J. W. Bushas	24. Was disease or injury In any wey related to occupation of deceased?
20 FILED 6-13- 1832 Helen F. Haywa	(Signed) Part MM
If more blanks are needed address State Registrar	Carr N. Charles Sarest Baltimare Branches 71 C. M.

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Example I			Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11 2 1932	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	HUREAU V.E	July 5,1927	Perilonitis	3 days ago
	The same of the sa			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis *	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 20

item of infor-

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

16	41	4	1	m	73	
٠,)	9	1	3	
			-	-	No.	

CDUNTY WORLD Registration Dist. No. St., Village Dr City Sulcia No. St., Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Loart Loart Loart Loart No. St., (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERCED (vertice the word) HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days IT LESS than 1 day, hrs. of min. 2. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work done, as STIK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work done as STIK MILL, SAW MILL, BANK, etc.	
Length of residence in city or town where death occurred yrs mos. 2. FULL NAME Oarlow Edward Oarlow St., Ward. (a) Residence: ND. (Usual place of abode) St., Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	
Length of residence in city or town where death occurred yrs, mos, ds. How long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, mos, ds. How long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, mos, definition in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? Yrd, and long in U.S. if of foreign birth? yrs, and long in U.S. if of foreign birth? Yrd, and lon	Wa
(a) Residence: Np. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE MEDICAL CERTIFICATE OF DEATH MULL Month Month	
(a) Residence: Np. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than I day,hrs. Ormin. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work done which work do	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) 5a. If married, widowed, or divorced (Use of Work of Ord) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIKK MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this 11. Total time (years) spent in this 11. Total time (years) spent in this	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVERCED (vertice the word) 4. COLOR OR RACE OR DIVERCED (vertice the word) 5. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this	le.
OR DIVERCED (write the word) Table 1	
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22. 1 HEREBY CERTIFY. That I attended dec (or) WIFE of (o	(Year)
(or) WIFE of Continue Contin	
S. DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than 1 day, hrs. 01 min. I liast saw h alive on 1, 19 do to heve occurred on the date stated at this occupation (month end spant in th	
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Windustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spant in this	
Spent in this	
Spent III tins	
year) occupation	
Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) / Maryland	
(State or country)	
13. NAME Victor Winges	
14. BIRTHPLACE (city or town)	
What test confirmed diagnosis? Was there an euto	psy?
15. MAIDEN NAME While fellowing:	
15. MAIDEN NAME Christophia 23. If death was due to external causes (VIOLENCE) fill in elso the following: 16. BIRTHPLACE (city or town) West Usingwood Accident, suicide, or homicide? (State or country) Where did injury cause?	., 19
(Specify city or town, county and State)	
7. INFORMANT Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE (Address)	
8 RIIRIAL CREMATION OF DEMOLAL	
Place Coursely Date Lynn 121932 Notice	
Nature or injury.	
19. UNDERTAKER 4. U. Balange 24. Was disease or injury in any way related to occupation of deceased?	
(Signed)	
20. FILED from 12, 1931 at Manuferd (Signer) (Address) (Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Arteriosclerosis			Example II	
			The principal cause of death and related causes of importance were as follows:	
		2	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V.S	5-Q		
Other contributory car	uses of importance:	gy dep	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis = CEVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	STATE OF	MARYL	AND-	CERTIF	FICATE	OF	DEATH
--	----------	-------	------	--------	--------	----	-------

Ή	08981
t No	350

1. PLACE OF DEATH		(82-6)	0
County Worcester		Registration Dist. Np.	350
Village or City Pocomoke Ci	ty	No	St., Ward
	(if	death occurred in a hospital or institution, give its NAME instead of st	reet and number)
		ds. How long In U.S. if of foreign birth?yrs	mosas.
2. FULL NAME Silas Jame		, , , , , , , , , , , , , , , , , , , ,	
(a) Residence: No. Clarke Av	e. Extended (Usual place of abode)	St., Ward. If nonresident give city or to	own and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DE	
1	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
7. 7 0.	R DIVORCED (write the word)	Pocomoke City June 9t1	h. , 193 32.
5a. If married, widowed, or divorced		(Month) (Dey)	(Year)
(or) WIFE of Martha W. Elli	S	22. 1 HEREBY CERTIFY, That I a	
			99 1932
6. DATE OF BIRTII (month, day, and year) April 7. AGE Years Months	29th.1862.	last saw have aliva on to heve occurred on the dete states above, et 2 . 00 P.m.	193 2; daath is said
	1 day,hrs.		nce
70 1	LL ormin.	ware as follows:	Date of enset
8. Trada, profassion, or perticular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	rayman	Matherina	6/2/2
9 Industry or business in which		The forest	70/0/0
work was dona, as SILK MILL, SAW MILL, BANK, etc.			·
	11. Total time (yaars) spent in this		
yaar)	occupation	Other Contributory Causes of importence:	3700000
12. BIRTHPLACE (city or town) Orceste			
(State or country) Mary			
13. NAME George J.El 14. BIRTHPLACE (city or town) Worces			
14. BIRTHPLACE (city or town) Worces (State or country) Mar		Name of operationD	
	0	What tast confirmed diagnosis? Was to	The state of the s
E Womanat	er County	23. If daath was due to external causas (VIOLENCE) fill In also the Accident, suicide, or homicida? Date of injury	
O 16. BIRTHPLACE (city or town) Mary (Stata or country)	land	Where did injury occur?	
H 0 70773:-		(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or In PU	and State)
17. INFDRMANT HATTY C. ALLIS (Address) Pocomoke City	.l'arvland		DETO TENDE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	
Place LogomokeCity, Md Da	te June 12, 1932	Nature of injury	
19. UNDERTAKER LEMON PStr	4 4 4 4 5 1 4 .	24. Wes diseese or injury in any way related to occupation of decea	
	aryland.	If so, specify	·/····
20. FILED June 1/ 19 32 July	nT. Kelly	(Signed)	orus M. D.
	Registrar.	(Address) January	tu And

If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting V.S. No.1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person to had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "milt," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	* dire	Other contributory causes of importance:	
Mones	May 1,1923	Gostroenteritis	1 year

M	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
R BINDING	A PERMANENT R	ed EXACTLY.	erly classified. E	icate.
SERVED FOI	INK-THIS IS	should be state	it may be prop	on back of certif
MARGIN RESERVED FOR BINDING	TITH UNFADING	ully supplied. AGE	plain terms, so that	t. See instructions
V. S. No. 1	3WRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very important. See instructions on back of certificate.
, N	ż		1	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Wirecesler	Registration Dist. No. 313
Village or City Whaley ville 1120	No. St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Heuritta Henrich	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 9. DIVORCED (write the word)	21. DATE OF DEATH 27 (Month) 2 (Day (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 15 1922	Mast saw h L? alive on January 23 1932 death is said
7. AGE. Years Months Days If LESS than	to have occurred on the date stated above, et _/_A_P_m.
10 7 12 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decoased last worked at this occupation (month and second in this programme).	Filmonary July culoslo Date of one of
9. Industry or business in which work was done as SILK MILI.	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decoased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town Selby wille (State or country)	Other Ceatributery Causes of importance:
II 13. NAME LIBRIDIO	
13. NAME LIBERT 14. BIRTHPLACE (city or town)	Name of operation . Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Hamman	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town). A. M. C.	Accident, sulcide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT days taynmond (Address) Whaleyvill Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tongo Ollana Date 1919 1932	Nature of injury
19. UNDERTAKER M. Pasha (Valson (Address) J. Pasha (Valson	24. Was disease or Injury In eny wey related to occupation of deceased?
20. FILED 6/28, 19 × 2 7 4 4 4 4 4 4	(Signed) M. D.
If more blanks are needed, afteress State Recipror	(Address) Lynn (Andress Street Baltimore Property 7) S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Exa	mple I		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AFCE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	164	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	UUI 10	July 5, 1927	Perilonitis	3 days ago
<u> </u>	BUREAR	3		
Other contributory causes of	f importance:	3. 4	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	9			

Exact statement of OCCUPA-

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

STATE OF MARYLAND—CERTIFICATE OF DEATH 06983

1. PLACE	OF DEA	TH				
County_	Worce	ester	******		Registration Dist. 1	10. 353
	r CityB:	ishop		(If	ND. death occurred in a hospital or institution, give its NAME instead	St., Ward
					ds. How long in U.S. if of foreign blrth?	rsds.
2. FULL N	IAME_S:	tillbori	al	McCall	× 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	
(a) Resid	lence: No		(Usual place	of shade)	St., Ward. If nonresident give cit	10.
PERSO	DNAL AN	D STATISTI			MEDICAL CERTIFICATE OF	
3. SEX F		R OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 25. (Month)	, 1932_
5a. If married, wi HUSBAND o (or) WIFE o	f	orced			22. I HEREBY CERTIFY, Th	at I attended deceased from
					, to, 19, to	
6. DATE OF BIRT 7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the data stated above, at m The PRINCIPAL CAUSE OF DEATH and related causos of imwere as follows:	portance
8. Trada, pr	ofession, or pa	articular as SPINNER,		,	were as rollows.	Date of onset
9. Industry	ER, BDDKKEE or business in was done, as S MILL, BANK, o	PER, etc which SILK MILL.			Stillborn	
10. Date dec	eased last wor	rked at	spe	ime (years) nt in this upation		
12. BIRTHPLACE (State or o		Bisl	nop		Dther Contributory Causes of Importance:	
13. NAME	N	ance Mc	Call			
		wn)Md.			Name of operation	Date of
15. MAIDEN NAME Georganna McCall 16. BIRTHPLACE (city or town). (State or country) Md.				23. If death was dua to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of Where did injury occur?	tha following:	
17. INFORMANT _ (Address)		Bishonv	ille. Mo	d.	(Specify city or town, c Specify whether injury occurred in INOUSTRY, in HOME, or	ounty and State) In PUBLIC PLACE,
18. BURIAL, CREW	ATION, OR R	EMOVAL		e 25, ₁₉ 32	Manner of Injury	
(Address)	Bis	aa Ivor; hopville	8		24. Was disease or injury in any way related to occupation of If so, specify	deceasad?
20, FILED	25/32	19 Jam	es L. R	yan Registrar.	(Signed Wodress) Anly Nilla	my MXX

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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7/12/32
BUREAU VS

ion.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance Gallstones May 1,1923 Gastroenteritis ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state of OCCUPA. A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. be properly classified. FOR BINDING See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED AGE should be WRITE PLAINLY, WITH UNFADING INK-TH mation should be earefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
county le 1 orce cles	Registration Dist. No. 35/
Village or City 2200 Well	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME 720792 8. 91	illo
(a) Residence: No.	_St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Widows	(Month) (Day) (Yoar)
5a. 1f married, widowad, or divorced HUSBAND of (22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Ida Manylogy Mells	3/1 193 V to 30 N 193 V
6. DATE OF BIRTH (month, day, and year) 1802	1 last saw h was alive on 91.9,193 V death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
)9 9 2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Nove	apoplying !
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	atrio Selvois t
(State or country)	Chronia replante
13. NAME LUTE TO STATE OF THE S	1.2
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME & lizabilis Thomas	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Alexo Pearl Grillo	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Ocean bily, Ind.	
18. BURIAL, CREVATION, OR REMOVAL Hell Date June 2 2,193 2	Manner of injury
Place Date No. 5 5190 C	Nature of injury
19. UNDERTAKER C. V. HZano	24. Was disease or injury in any way related to occupation of deceased?
(Address) snow Hill	If so, specify
20 FILED 6/21 1932 LERoy Sweeth	(Signed) Meanuth Puro M. D.
Registrar.	(Address) Onowstee its
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. &			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER STATEMEN	VTS BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

4 81 408 05 5555	0. 1117111	1 = 1110	OZIMINIONAL SA DEMINI	- NA. 1911.195
1. PLACE OF DEATH			(127)	-0
County Worcest			Registration Dist. No.	
Village or City Pocomoke	City R.	F.D. # 2.	NoSt.,	Ward
		(li	f death occurred in a horpital or institution, give its NAME instead of street and itsds. How long in U.S. if of foreign blrth?man	number) osds.
2. FULL NAME Osia Ay	delotte :	Payne		
(a) Residence: No.			St., Ward.	
Deposition in the second secon	(Usual place		If nonresident give city or town and	State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word) 1 ed	21. DATE OF DEATH June 17th. (Month) (Day)	, 193 2 • (Year)
5a. If married, widowed, or divorced HUSBAND of				(1681)
(or) WIFE of Samuel F.P	ayne		22. I HEREBY CERTIFY, Thet I attended 1927 19 June 17, 1	deceased from
6. DATE OF BIRTH (month, day, end year) A	pril 18t	h.1860.	last saw her alive on June 16, 1932.	; death is said
7. AGE Years Months	Deys	If LESS than	to have occurred on the date stated above, at 4 • 30 Am.	
72 1	29	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER.	T.			Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Housew	lie	Acute Myocarditis.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked et this occupation (month end	spe	ime (yeers) nt in this		
year)		upation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Worce		nty	Ruptered Gall Bladder with	
	vland.		subsequent operation.	
13. NAME John Aydelo				
14. BIRTHPLACE (city or town) WOTC			Name of operation Date of	
(State or country)	Maryla	and.	Whet test confirmed diagnosis? Was there en a	utopsy?
15. MAIDEN NAME Drucilla	46		23. If death was due to external causes (VIOL ENCE) fill in also the following	•
16. BIRTHPLACE (city or town) WOYCE (State or country)	ester Col	inty	Accident, suicide, or homicide? Date of Injury	, 19
25 02 4	Maryland		Where did Injury occur? (Specify city or town, county and State	.)
TA THI UNITARY STATES OF THE S	lydelotte v Maryla		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ICE.
8 BURIAL CREMATION OR REMOVAL			Manner of injury	
Place Forcester Co.	Date Une	19th, 19.32	Neture of Injury	
9. UNDERTAKER LEMON P. X	tiverso	are.	24. Was disease or Injury In any way related to occupation of deceased?	
	ty Maryl	and	If so, specify	
20. FILED June 18 1922	John T	Riles	(Signed) allantantant	
, 15.5		Registrar.	(Address) Pocomoke City, Md.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1-1 WE		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UHAUVS	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

16. BIRTHPLACE (city or town) (State or country

(Address) 18. BURIAL, CREMATION

19. UNDERTAKER (Address)

20. FILED

NO

B

ż

STATE OF MARYLAND—CERTIFICATE OF DEATH

The PRINCIPAL CAUSE OF DEATH end related causes of importence Date of onset ----- Wes there en autopsy?_____ 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?..... Date of injury.... Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, Manner of Injur Nature of injury 24. Wes disease or related to occupation of deceased? If so, specify (Signed) Registrar If more blanks and meeded, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

(Year)

: deeth is said

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis UL 5	1915	Attack of epilepsy	1 week ago
Chronic interstitud nembrits.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributous course of important	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

County Warustel	Registration Dist. No. 3.2
Village or City 1 Della Mc	No. St., I death occurred in a hospital or institution, give its NAME instead of street and number.
	ds. How long in U.S. if of foreign birth? yrsmos
2. FULL NAME Charles 13 4	illen
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
Male w OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Y)
5a. If married, widowed, or divorced HUSBAND of Martha E. quiller	22. I HEREBY CERTIFY, That I attended decease
6. DATE OF BIRTH (month, day, and year) Mar. 28, 1851	I last saw hard alive on 6 7 8 193 death
6. DATE OF BIRTH (month, day, and year) W. Z. 1857 7. AGE Years Months Days If LESS than	I last saw http:// alive on
8/ 2 20 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Date
SAWYER, BOOKKEEPER, etc.	pop -
3 Industry or business in which work was done, as SILK MILL, Harman	Chr. Rephrelis
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. I.O. Date deceased last worked et this occupation (month and year) year) OCCUPATION	
12. BIRTHPLACE (city or town) and.	Other Contributary Causes of importance:
(Stata or country)	
13. NAME Jewi fuller 14. BIRTHPLACE (city or town) Mid.	<u> </u>
4 14. BIRTHPLACE (city or town)	Name of operation Date of
C (State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vellei Kechardson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
£ (011).	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CMAY FUELLY (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury
Place Vayler Velle Date June, 24, 19 32	Natura of injury
19. UNDERTAKER J. W Burkage (Address)	24. Was diseese or Injury in any way related to occupation of deceased?.
20. FILED June 21, 19.32 & V Mannfeyd	(Signed) Tras Plant (Address) Bull I

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examp	le I		Example II	
The principal cause of death ar of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DH # 1050	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	UUIE UI EMME	1921	Run over by street car	1 week ago
Cerebral hemorrhage	W. C.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of in	nportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(87-2)
County Worcester.	Registration Dist. No. 35/
Village or City Drow Ifel	ND. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many P. DV	will
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jahn b. Shorto	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) UC. 27-1860	I last saw h. A alive on A 1932; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, 12 3 rehand	aphasia
9. Industry or business in which work was done, as SILK MILL, SIN SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city of town) Maryland	Other Contributory Canses of importance:
13. NAME bhoo, Parker	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? Wo
15. MAIDEN NAME Collers Spaltieur	5. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Anow Stell	Specify whether injury occurred In INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 190 4	Nature of injury
19. UNDERTAKER SITTEMENT THE	24. Was disease of injury In any way related to occupation of deceased?
20. FILED 6/15, 1932 REROY Sewith. Registrar.	(Signed) Au July M. D. (Address) Duow July M. D.
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II	
Date of onset			Date of onset
1915	Attack of epilepsy	LS.VOADALO	1 week ago
1921	Run over by street ear	I La La Galla	1 week ago
July 5,1927	Peritonitis	ZEEL C 700	3 days ago
		CHARLES	
	Other contributory	causes of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July5,1927	of importance were 1915 Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. cate. (If death occurred in St.: Ward) a hospital or institu-tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED Write the word (Month) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased (Day) (Year) 7 AGE Ilf LESS than and that death occurred on the date stated above, at .. l day hrs. The CAUSE OF DEATH * was as follows: min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER .1982 (Address) 1 11 BIRTHPLACE OF FATHER CAUSI *State the Disease Causing Death, or, in Vicelent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. ARENT desths from (State or country (2) Whether 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place of deathyrs.......mos......ds. In the OF MOTHER (State or Country) should ent of OC Where was disease contracted, of if not at place of death? .. statement usual residence (Informant) BURIAL (Address) 20 UNDERTAKER If more branks are moded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serrant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Salesman. person, irrespective of 6 Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death "Exhaustion,"
> "Inanition," approved by Committee on Nomenclature tctanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; "Marasmus," "Old Age," "Shock," Chronic Example: Measles (disease affection need not etc. The contributory valvular heart disease; Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.